

nih record



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The Joy of Science

Research Festival Celebrates 60th Anniversary of Double Helix, Clinical Center

By Dana Steinberg

Every year, the NIH Research Festival highlights the work of the intramural community. It's an opportunity to learn about the amazing research taking place in NIH laboratories. And it's an occasion for NIH scientists, from the apprentice to the veteran, to mingle and network.

At the 27th NIH Research Festival, held Nov. 6-8, "The joy of doing science was palpable," said festival co-chair Dr. Luigi Ferrucci, scientific director of NIA.

This year's festival celebrated two milestones: publication of the Watson & Crick paper that first described the double helix structure of DNA and the 60th anniversary of the Clinical Center. To honor these achievements, much of the festival focused on advances in molecular medicine.



NIA's Dr. Luigi Ferrucci at Research Festival 2013

SEE RESEARCH FESTIVAL, PAGE 8

Great Expectations

Colloca Re-Evaluates the Placebo Effect

By Belle Waring

The placebo effect is surrendering its secrets.

"The placebo effect is a very complex psycho-neurobiological phenomenon where in humans or animals experience an enhanced benefit via positive expectations," said Dr. Luana Colloca in her recent lecture at Lipsett Amphitheater.



Dr. Luana Colloca

A research fellow with NCCAM and NIMH, Colloca presented the talk, "Re-evaluating the Placebo Effect in Medicine," as part of the Grand Rounds for Clinical Fellows lecture series.

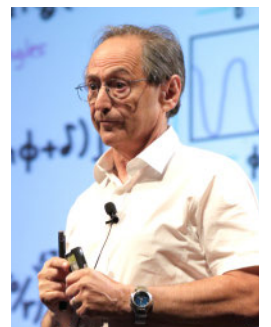
"There are many contexts where we are talking about placebo and placebo effects," Colloca continued. "Randomized clinical trials, experi-

SEE PLACEBO, PAGE 6

2013 Nobelist Levitt Speaks at NIH

Dr. Michael Levitt, 2013 Nobel laureate in chemistry, gave a special NIH lecture on "The Birth and Future of Computational Structural Biology" Nov. 18 in Masur Auditorium.

Along with Drs. Martin Karplus and Arie Warshel, Levitt won this year's chemistry prize for the development of computer-based methods to model complex systems.



2013 Nobel laureate Dr. Michael Levitt

Speaking to a full house in Masur, he reviewed "how it all began," ongoing research and offered his thoughts on the future of the field.

Now a professor in the department of structural biology at Stanford University School of Medicine, Levitt was present at the birth of computational structural biology more than 46 years ago.

SEE LEVITT, PAGE 4



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NIH...Turning Discovery Into Health

briefs

Author Greitens To Present at DDM Seminar

The Deputy Director for Management (DDM) announces the first DDM seminar of the 2013-2014 series "Management and Science: Partnering for Excellence." The event on Thursday, Dec. 12 from 11 a.m. to 12:30 p.m. in Masur Auditorium, Bldg. 10, will feature Eric Greitens, who will discuss "Inspiring Leadership in Challenging Times." Greitens, author and former Navy SEAL, will focus on extraordinary leadership during difficult and uncertain times.

Videocasting and sign language will be provided. Individuals who need reasonable accommodation to attend should call (301) 496-6211 or the Federal Relay Service at 1-800-877-8339.

For more information about the series, visit www.ddmseries.od.nih.gov or call (301) 496-3271.

STEP Forum on Brain Injury, Dec. 17

The staff training in extramural programs (STEP) committee will present "Playing It Safe with Brain Injury" on Tuesday, Dec. 17 from 9 a.m. to noon in Rockledge II, Rm. 9100.

From T-ball to pro football, the awareness and incidence of traumatic brain injury (TBI) has dramatically increased. What do we know and what do we still need to learn about mild to severe sports-related TBI? Come and join us to discuss the latest in prevention, diagnosis and treatment while exploring the psychosocial impact of TBI.

NINDS Sponsors Parkinson's Meeting, Jan. 6-7

NINDS will sponsor a 2-day public conference, "Parkinson's Disease 2014: Advancing Research, Improving Lives," on Jan. 6-7 at Natcher Conference Center.

The meeting will bring together leading national and international neuroscientists, physicians and other members of the Parkinson's community to assess the most significant challenges to Parkinson's research and treatment and to identify the highest priorities for advancing basic, translational and clinical research on the disease. The conference is open to all stakeholders, including researchers in academia and industry, health care professionals, patient advocates and advocacy groups, scientific and professional organizations, federal agencies and the public.

Representatives of patient groups will have an opportunity to speak during a public comment period on day 2 of the meeting. Registration

is free and open to all. To learn more and register online, visit www.ninds.nih.gov/PD2014.

'WISER' Survey: Let Your Voice Be Heard

The NIH chief officer for scientific workforce diversity has launched an NIH-wide employee survey: the WISER survey—Working towards creating a more Inclusive and Supportive Environment for Research at NIH. The survey is asking you to share your experiences and perceptions at NIH. It can be found at <http://WISER.nih.gov>.

Broad NIH participation is essential in making sure the different perspectives represented by our workforce are captured. The survey will close Dec. 31.

For more information, contact WISER@mail.nih.gov or (301) 827-4000.

Register for Spring Courses at FAES

The schedule of courses for the spring 2014 semester at the Foundation for Advanced Education in the Sciences Graduate School at NIH is now available. The majority of the school's evening classes are held at FAES's new location in Bldg. 10.

In seven new state-of-the-art classrooms, the FAES Graduate School offers scientific and non-scientific courses at a limited cost, including: biochemistry, bioinformatics, biology, biotechnology (daytime courses), chemistry, immunology, medicine, microbiology, pharmacology, statistics, technology transfer, alternative medicine, GRE, MCAT preparation, ESL, modern languages as well as courses of general interest.

Online registration is available now through Jan. 13 and mail registration is open until Jan. 10. Walk-in registration is Jan. 14-22 and classes start the week of Jan. 27.

There will be an Open House on Jan. 7 from 4-7 p.m. in Bldg. 10, Classroom 6, Rm. B1C208 and registrations will be accepted. Tuition is \$145 per credit hour; courses may be taken for credit or audit.

Textbooks for spring 2014 are available in FAES's new bookstore in Bldg. 10, 1C172 (near Masur Auditorium). Spring catalog supplements are available in the Graduate School office in Bldg. 60, Suite 230, or the Foundation Bookstore or the business office in Bldg. 10, Rm. B1C18. To have a catalog sent to your office or institute, call (301) 496-7976 or visit www.faes.org.

nih record

*Let That Baby Grow***NICHD, Partner Agencies Implement Successful Baby Health Campaign**

By Dana Steinberg

NICHD has an important message for expecting moms: if mom and baby are healthy, wait until at least 39 weeks to deliver. In recent months, this message has reached thousands of pregnant women and doctors through a well-coordinated, low-cost public health campaign.

At the heart of the Is It Worth It? campaign is a set of short, patient-focused videos that were shown in more than 300 obstetric and gynecology offices around the country. To help spread the word, NICHD's National Child and Maternal Health Education Program (NCMHEP) collaborated with partner agencies to promote the videos through their web sites, social media and extensive networks of people interested in pregnancy and infant health.

"If babies are not ready to be born, they end up needing more intensive care," says Dr. Debra Bingham, vice president of research, education and publications for the Association of Women's Health, Obstetric and Neonatal Nurses, in the 4-minute video. "The safest for both mother and baby is to let labor begin on its own."

Many expecting mothers choose the date they want to be induced, often around the 9-month mark. Such pre-term elective deliveries have markedly increased in this country, by about 50 percent over the last 20 years. But pregnancy ideally lasts for 10 months.

"That baby, in the last 4 weeks of pregnancy, is doing a huge amount of developing," said Dr. Catherine Spong, associate director for extramural research at NICHD, who also is featured in the videos. The brain grows significantly in those last few weeks. And babies born earlier than 39 weeks of gestation have a 20 percent risk of breathing and feeding problems, infection and long-term medical problems.

The Is It Worth It? campaign sends the message that, if not medically necessary to deliver early, it is worth it to wait and carry to full term, as close as possible to the 40-week mark.

"We wanted to take our resources, be thoughtful and figure out the best way to get this message out there," said Dr. Triesta Fowler-Lee, coordinator of NCMHEP's Public Communications Branch.

The initial thinking was to create an educational outreach campaign on the dangers of prematurity, but the topic was too broad. "The 39-weeks



NICHD's Dr. Catherine Spong welcomes her fourth child, Beatrice, on Aug. 10, joined by proud big sister Genevieve, who turned 6 the next day.

issue is targeted and specific," said Fowler-Lee. "It tells providers and patients that these babies are not the same, that there are serious medical consequences when babies are born pre-term."

The campaign was 2 years in the making. NCMHEP worked closely with its coordinating committee—more than 30 maternal health care provider associations and federal agencies—on content and strategy.

"Collaboration was key," recounted Fowler-Lee. "We

want [our partners] to feel ownership for this campaign so they don't hesitate to use it." So they planned and compromised and tweaked it. "Then we knew the product was ready."

First, NCMHEP wanted to inform doctors, nurses and midwives. So they created a CME—continuing medical education—program in partnership with MedScape, a hub for health care providers. In the 2 years it ran, more than 10,000 doctors and nurses participated in the accredited course. Still more medical professionals were reached via linked web sites and newsletters.

The next step was to address the patient population. A blog and social media rally took place recently and NCMHEP created a web page with banners, posters and an electronic toolkit with key statistics, web buttons and e-cards.

Also on the web site were three versions of the Is It Worth It? video—a 30-second, 60-second and 4-minute spot—which NCMHEP produced in-house. So far, more than 8,000 people have viewed them on YouTube. The videos, which have sparked conversations on mommy blogs, also have made more than 900,000 social media impressions.

The videos also played in doctor's office waiting rooms as part of Accent-Health's network of health information channels. This past summer, the videos looped on the monitors of 300 doctor's offices in 19 states. A major target group was educated, higher-income women, a group more likely to opt for early elective deliveries.

For every mom-to-be, there's a concerned dad. And don't forget the grandpas. In a *Huffington Post* story, NICHD director Dr. Alan Guttmacher, excited about the birth of his grandson, wrote, "As a pediatrician, I knew that in a normal, healthy pregnancy, it's the baby, not a grandfather, or even the mother, who best sets the delivery date."

"It is our hope that the campaign will help women make informed decisions concerning the birth and potential outcomes for their child," said Spong. "These [pre-term] elective deliveries have very serious outcomes and effects on the life of these infants and this is a unique opportunity to empower families to avoid them." ●

LEVITT

CONTINUED FROM PAGE 1

"This work was pushed ahead by technology," Levitt said. "The fourth awardee should be the computer."

Levitt's self-effacing humor fit his refrain: that he stood on the shoulders of giants: "The Nobel says you were at the right place at the right time when you were 20 years old."

He paid homage to many earlier scientists, including some Nobelists, upon whose work Levitt's success depended: "Linus Pauling, the greatest chemist ever," as well as Francis Crick, James Watson, John Kendrew, Max Perutz and David Phillips, among others.

Computational structural biology harnesses computers to calculate the locations, movements and interactions of individual atoms within molecules. The ability to obtain these structural details enables the development of interactive, 3-D graphical models of proteins and other large molecules.

Thanks to computer-based modeling, researchers across the globe can now visualize and manipulate molecules with astonishing speed and flexibility.

This helps them investigate diseases, search for drug targets and probe the inner workings of basic life processes.

Levitt's lecture focused on scientific lessons learned from this work, ongoing research in his group and advice on the conduct of a successful science career, including an admonition to mix family and work. He joked, "Behind every successful man, there is a surprised wife...I think [my wife] is getting more and more surprised."

In his advice to young scientists, he advised being passionate, persistent and original. He closed with this coda: "Be kind and good—it never, ever hurts. Even if you're really nasty inside, be kind and good to people," he said to laughter. "It really pays off well."

The complete lecture is archived at <http://videocast.nih.gov/summary.asp?Live=13363>.—
Belle Waring

Duke's Califf Gives Straus Distinguished Lecture, Dec. 16

The Stephen E. Straus Distinguished Lecture in the Science of Complementary Health Therapies will be presented Monday, Dec. 16 at 9 a.m. in Lipsett Amphitheater, Bldg. 10 by Dr. Robert Califf. He is vice chancellor, clinical and translational research; director, Duke Translational Medicine Institute; professor of medicine, division of cardiology, Duke University Medical Center.

When patients and families ask about health care decisions, there is often tremendous uncertainty about the best option. While biological science is unraveling the basis for health and disease and yielding a large number of therapeutic targets, ultimately the assessment of which options are best for an individual or populations depends on empirical information derived from attempts to learn from observational studies or randomized trials.

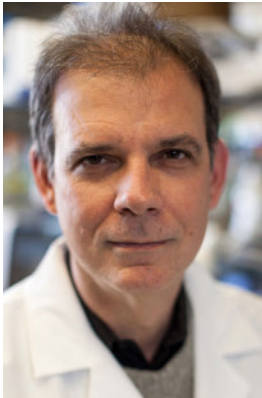
Until recently, the fragmented nature of the system for doing human research led to a large number of research projects, many of which did not advance decision-making or science. Califf's talk "A New Fabric for Clinical Research: Application to the Pain Problem" will examine the advent of Big Data and how it unites patients, families, providers, administrators and researchers. The effect of Big Data on management of chronic pain will be also be discussed.

This event is free and open to the public. Registration is not required. For more information, visit nccam.nih.gov.



Before his talk, Levitt chats with the man who introduced him, Dr. Bill Eaton, chief of NIDDK's Laboratory of Chemical Physics.

PHOTOS: BILL BRANSON



Casadevall To Speak on Origins of Microbial Virulence

The worlds inside and outside our bodies teem with microorganisms, but most don't make us sick. Fungi in particular seem to leave mammals alone. Of the 1.5 million known fungal species, only a dozen

or so are relatively common human pathogens, while insects and plants are frequent fungal targets. Why the difference? Dr. Arturo Casadevall will address that question—and the intriguing possibility that the demise of dinosaurs and the rise of mammals were linked by differing susceptibility to fungal diseases—in the 2013 Joseph J. Kinyoun Memorial Lecture. The lecture is scheduled for Monday, Dec. 16 at 2:30 p.m. in Lipsett Amphitheater, Bldg. 10.

Casadevall is professor and chair of the department of microbiology and immunology at Albert Einstein College of Medicine of Yeshiva University in New York. His research centers on the questions of how microbes cause disease and how hosts, such as humans, defend themselves. To explore this dynamic relationship, Casadevall and colleagues have long examined *Cryptococcus neoformans*, a common fungus that is harmless to healthy people but can cause serious disease, including lung infections and fungal meningitis, in immune-compromised people such as those with HIV/AIDS. Many of the laboratory's projects seek to understand how hosts defend against *C. neoformans* and how the organism's virulence contributes to disease.

Casadevall received doctoral and medical degrees from New York University and completed an internship and residency in internal medicine at Bellevue Hospital in New York City. He is the author of more than 570 papers and currently serves as editor-in-chief of the online, open-access journal *mBio*. Casadevall is a fellow of the American Association for the Advancement of Science and serves on the National Science Advisory Board for Biosecurity and co-chairs the NIAID board of scientific counselors.

NIAID established the Kinyoun Lecture series in 1979 to honor Dr. Joseph J. Kinyoun, who in 1887 founded the Laboratory of Hygiene, forerunner of the NIH, which launched a new era of scientific study of infectious diseases.

NLM MedlinePlus Marks 15th Anniversary

In 2013, NLM observes an important milestone—the 15th anniversary of its award-winning consumer health web site, MedlinePlus (www.medlineplus.gov). Launched in October 1998, MedlinePlus features trustworthy content from NIH as well as other federal agencies and private organizations.

Since its creation, MedlinePlus has been visited approximately 1.7 trillion times—not bad for a web site just in its teens. More than 2 million MedlinePlus pages are viewed each day by people seeking accurate, up-to-date information. And MedlinePlus consistently ranks at or near the top of the American Customer Satisfaction Index for government web sites.

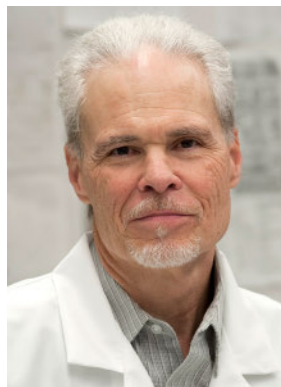
What started as a simple web-based search engine with 22 health topic pages has grown to include more than 950 health topics, along with interactive health tutorials and surgery videos, illustrations, health check tools, a medical dictionary, drug and supplement information, links to clinical trials and PubMed articles and much more.

In 2002, a Spanish-language version of the site debuted. The accompanying *NIH MedlinePlus* magazine helped expand the web site's reach, coming out in an English (2006) and Spanish/English version (2009). A trans-NIH advisory board oversees the contents of both. Subscriptions are free.

A mobile version of the MedlinePlus site premiered in 2010, giving users access where and when they need it. And in 2011, a new product, MedlinePlus Connect, was created to respond to requests related to diagnoses, medications and lab tests, connecting patients and health professionals to MedlinePlus content via electronic health records.

"Recognizing that informed consumers are better patients, NLM developed MedlinePlus, an easy-to-understand resource," said NLM director Dr. Donald Lindberg in 1998.

In 2013, he assessed the progress of the popular site. "We're very proud of MedlinePlus. For 15 years, it's provided access to trustworthy information from NIH, HHS and other federal departments and trusted private organizations. Millions of patients and their families have benefited from MedlinePlus. Let's see what the next 15 years will bring."



NCI's Merlino Honored for Melanoma Research

Dr. Glenn Merlino, a deputy director of NCI's Center for Cancer Research and chief of CCR's Laboratory of Cancer Biology and Genetics, recently received a lifetime achievement award from the Society for Melanoma Research at the society's annual meeting in Philadelphia. The award honors his outstanding contributions to the understanding of tumor initiation and metastatic progression. Merlino began his career at NCI in 1980 as a postdoctoral fellow under Dr. Ira Pastan. He has also served as head of CCR's Laboratory of Cell Regulation and Carcinogenesis. Merlino was the first to report that a protein involved in communication between cells promotes melanoma when

activated by UV radiation. He was also among the first to show in living animals that growth factors, such as proteins or hormones, can turn normal cells into tumor cells. His lab currently uses genetically engineered mouse models of human cancer to investigate the complex molecular programs governing the genesis of melanoma.

PLACEBO

CONTINUED FROM PAGE 1

Right:

"We don't know why some subjects create elevated placebo effects," Colloca said. The challenge is to find the biomarker—a cellular or molecular indicator. "We want to understand how placebo improves clinical outcomes."

PHOTOS: ERNIE BRANSON

mental research settings and clinical settings or encounters."

A placebo is a medication or treatment given for its soothing psychological effect. We usually think of it as inert—a sugar pill ("pure placebo"). It can also be an active treatment with efficacy in some conditions, while being used as placebo for another condition, as when antibiotics are given for a viral infection ("impure placebo").

The word placebo ("I shall please") comes from an ancient Latin translation of Psalm 116, while the term nocebo—a negative effect caused by an inert substance—was coined in the 1950s. Placebos are still widely used in medicine. A physician might offer a sugar pill to satisfy the patient and yet not disclose that it lacked any active ingredients. In current clinical practice, such deception, whether or not it is well meant, is deemed unethical.

Yet even if patients are informed, their expectations can still influence pain perception and other biological processes below the level of awareness. This is the placebo effect. It is a neurobiological phenomenon with clinical relevance. The placebo effect is also a critical factor for investigators assessing the efficacy of medical interventions.

Here's why understanding the mechanisms is crucial. Any experimental and clinical setting has variables that can affect the outcome. These are co-occurring factors that can bias or muddle results and so trialists are keen to tease them out; the placebo effect is among the confounding effects.

"Placebos are used in randomized controlled trials to validate new drugs," Colloca said. One group receives the drug, the second receives the placebo and the third receives no treatment. Yet even in the most rigorous trial, reduction in symptoms (i.e., pain perception) can be due to the placebo effect.

Colloca reviewed current research, much of it produced by her group, and focused on the psychosocial context around any treatment. The psychosocial context is characterized by three kinds of cues: verbal, conditioning and observation. Here are some highlights:

In one study using a learning model "where we provide an electrical shock, inducing pain, and we inform our participants to expect pain



or analgesia," Colloca's team used cues of red or green lights in advance of the shock.

One group was conditioned to associate a lack of pain, or a reduced level of pain (analgesia) with the green light. In the next phase, when this group saw the green light, they felt a lower level of pain, even though the pain administered was exactly the same. The placebo effect of the green light had changed their perception of pain. This ability to form a placebo analgesic effect is predictable by activity occurring in the dorsolateral prefrontal cortex of the brain, Colloca said.

"What's interesting," she added, "is after about one week, there is still a placebo analgesic effect. That means there is a learning effect." Thus the memory of analgesia modulated pain perception.

Another study showed how social learning shapes the placebo effect: "We invited an actor to simulate analgesia any time we showed the green light and pain when we would show the red light."

Subjects observing the actor were told they would receive the same cues for the same stimuli: green for analgesia, red for pain. Instead, both red and green lights were accompanied by exactly the same levels of pain. Yet the participants still perceived the green-light pain as less painful than the red. Observing another person with empathy, Colloca said, can increase placebo effects.

As for the nocebo effect, a simple suggestion of pain can induce long-lasting hyperalgesia (intense pain), she added. This can increase pain faster than the placebo can relieve it.

These findings are relevant for doctor-patient communication, as patients are briefed on procedures, medications, possible side effects, outcomes and how this may affect their expectations and adherence.


For example, if patients are told that injecting a local anesthetic will feel like a bee sting, it may be perceived as quite painful. Yet if they are told that "this is part of a procedure to make them com-

fortable,” it may be perceived as less painful, more tolerable. To decrease the nocebo effect, we can therefore reframe disclosure to patients in a more positive manner while still honoring the patient’s rights and ethical guidelines.

Patients have the right to be informed, Colloca said, and clinicians and scientists should elicit patients’ points of view and expectations.

Even as the placebo effect surrenders its secrets, it still retains some of its mystery. Colloca explained that the placebo effect is related to endogenous neuropeptides—molecules used by neurons to communicate with each other.

Yet “we don’t know why some subjects create elevated placebo effects,” she continued. The challenge is to find the biomarker—a cellular or molecular indicator. “We want to understand how placebo improves clinical outcomes.”

The videocast is archived at <http://videocast.nih.gov/summary.asp?live=12968>. 



Mider Lecture Features NIAID’s Holland, Dec. 11

Dr. Steven M. Holland, a senior investigator in the National Institute of Allergy and Infectious Diseases, will deliver the annual G. Burroughs Mider Lecture as part of the 2013-2014 Wednesday Afternoon Lecture Series. His talk, “The Protean Manifestations of GATA2 Deficiency Across the Lifespan,” will be held on Wednesday, Dec. 11, 3-4 p.m., in Masur Auditorium, Bldg. 10.

Holland is chief of the Laboratory of Clinical Infectious Diseases and of its immunopathogenesis section.

In 2011, he was named deputy director for intramural clinical research at NIH. His work centers on understanding the pathophysiology and treatment of infections in patients with congenital and acquired immune defects affecting phagocytes. Areas of interest include mycobacterial infections, hyper IgE syndrome and chronic granulomatous disease.

The Mider lecture, established in 1968, honors the first director of NIH laboratories and clinics. The lecture is presented by an NIH intramural scientist in recognition of outstanding contributions to biomedical research. For lecture information and reasonable accommodation, contact Jacqueline Roberts, (301) 594-6747 or robertsjm@mail.nih.gov.



NIH scientist panel (seated) visits with Gallaudet University students.

NIH-Gallaudet Partnership Wraps Up Busy Fall Season

NIH’s Office of Human Resources Client Services Division (corporate recruitment unit) has established a partnership with Gallaudet University students to support OHR’s goal to recruit a highly skilled diverse workforce for NIH. These students, under the supervision of Dr. Kathleen Arnos (chair, department of science, technology and mathematics) have strong academic backgrounds and interest in the sciences.

The partnership was initiated at last spring’s Gallaudet Career Fair. The university’s science department staff and NIH recruiters took the opportunity to showcase NIH career options to high-caliber science students. Throughout the summer, corporate recruitment staff worked with Arnos to craft a three-pronged approach wherein Gallaudet students would “Discover the NIH.” The strategy included visits from NIH staff to Gallaudet’s campus, visits from Gallaudet students to NIH’s campus and a student-focused resume-writing workshop.

The first sessions, conducted in September, employed an NIH

scientist information panel with Dr. Ravi Dhar (NCI), Deborah Mosbrook-Davis (NHGRI), Virginia Crocker (NINDS) and Larry Pearce (NCI). Panelists shared personal experiences about how they became scientists and the pathways that led them to work at NIH. Dhar said, “I had a great experience meeting with the students at the university...It was an eye-opener for me. [The corporate recruitment team is] also doing a good job helping the students identify jobs and potential internships in academia that might be of interest to them.”

Next, Gallaudet came to NIH on Nov. 1 to participate in tours of the Clinical Center (led by Kaitaia Fu and Hatfield Tours) and NCI’s Laboratory of Cancer Biology and Genetics, during which attendees heard from principal investigator Dr. Peter Blumberg, chief, molecular mechanisms of tumor promotion section; Pearce, a biological lab technician (and Gallaudet University graduate); and Tim Esch, post-baccalaureate researcher.

Finally, the corporate recruitment unit conducted a resume-writing workshop for STEM majors at Gallaudet on Nov. 5. The group learned how to develop a federal resume for NIH’s Pathways Internship Program, Biomedical Summer Research Internships and permanent positions.

These events have been designed to create awareness throughout the NIH community of the talented science candidates available at Gallaudet and to increase the pipeline of underrepresented students who apply for internships. The NIH-Gallaudet partnership is part of a larger effort to encourage individuals with disabilities to pursue biomedical science or business professions, leading those people eventually to “discover a career at NIH.”

For more information on recruiting Gallaudet students, contact Mitzi Kosciulek at (301) 402-4429 or Sheila Monroe at (301) 496-6504.



RESEARCH FESTIVAL

CONTINUED FROM PAGE 1

Above, from l:

Cutting the ribbon to open the new FAES renovated space in Bldg. 10 are (from l) FAES Executive Director Christina Farias; CC director Dr. John Gallin; NIH director Dr. Francis Collins; NIH deputy director for intramural research Dr. Michael Gottesman; and Dr. Angela Gronenborn, president of FAES, former senior investigator at NIDDK and now at the University of Pittsburgh.

NHGRI senior investigator Dr. Julie Segre helped open Research Festival 2013.

PHOTOS: ERNIE BRANSON

"The Clinical Center brings to bear enormous resources and specialized capabilities in terms of allowing us to see patients in a research setting," said Dr. Daniel Kastner, scientific director of NHGRI and festival co-chair.

This was the first festival held entirely at the Clinical Center, a fitting way to celebrate its 60th birthday (see sidebar). All symposia sessions took place in the CC's newly opened FAES (Foundation for Advanced Education in the Sciences) Academic Center. Scientific poster sessions and other exhibits lined nearby hallways.

The week also marked the 16th anniversary of the groundbreaking for the Mark O. Hatfield Clinical Research Center, which opened in 2004. CC director Dr. John Gallin reported that a new surgical ICU for cell therapy research is under construction, evidence that "even in these tight budget times, we're doing new things," he said. The \$9 million, 6,000-square-foot facility, which will be located in old Bldg. 10, is scheduled to open in early 2015.

The festival's opening plenary featured three intramural investigators who discussed the impact of genetic advances on human disease.

Kastner discussed research using genetic markers to pinpoint the origin of rare autoimmune diseases. Now, with the drop in cost of genome sequencing, "one can take small families, sequence them and find new susceptibility genes," he said. Challenges going forward, he noted, include uncovering and cataloging rare variants, finding sources of mutation and susceptibility and ultimately developing targeted therapies.

NHGRI senior investigator Dr. Julie Segre—whose cutting-edge research on DNA sequencing to halt the CC's 2011 cluster of infections with a multi-drug resistant bacteria won her and her colleagues a Federal Employee of the

Year "Sammie" award in October—discussed her research. Hospital-acquired bacterial infections afflict 2 million Americans annually and cause nearly 100,000 deaths, she said, which she fears could lead to public concern about seeking hospital care. Her team can sequence these bacteria at high depth to do comparisons and look for matches and mutations.

"As we run through the antibiotic pipeline, we have to consider that hospital infection control and regulating transmission of these [infections] with mandatory testing are going to be crucial because we don't have new antibiotics to just keep throwing at these bacteria," she said.

Dr. Cynthia Dunbar, a senior investigator at NHLBI, discussed gene transfer of hematopoietic stem cells, which are being used to treat disease and help develop new drug therapies. Her team is working with rhesus monkeys whose phenotype is similar to humans and whose



Gottesman (r) presents the Scientific and Culinary Excellence Award to Dr. Daniel Kastner at the scientific directors meeting on Nov. 20. The certificate reads: "In recognition of an exemplary poster presentation illustrating your scientific contributions to the National Institutes of Health as well as the most delectable dessert [chocolate chip cookies, with icing]."

PHOTO: RICHARD WYATT



Dr. Edwin "Ted" Becker (l) received a plaque from Gottesman (r) in recognition of Becker's shepherding of the FAES renovation in Bldg. 10.

extended life-span allows long-term studies of transplants and gene therapy prior to human clinical studies. She highlighted new technology to tag cells and identify their clonal hierarchy via genetic barcoding.

This year, the scientific directors got in on the poster session action, presenting work on molecular and cancer biology and neuroscience. Another addition was the scientific directors' bake-off that was judged by a group of post-doctoral fellows. Kastner was crowned with the Scientific and Culinary Excellence Award. The intramural community is still buzzing about his tasty chocolate chip cookies.

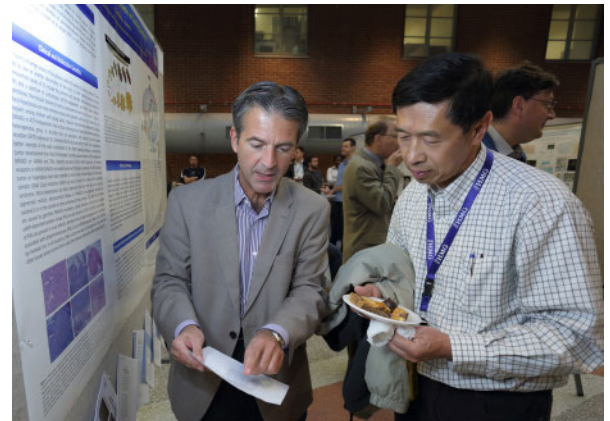
Other festival highlights included a green

labs exhibit and presentation of the FARE awards. This year, 241 outstanding intramural recipients received these travel awards to present their research at scientific meetings in the coming year.

Research Festival usually takes place in October, but this year's event was postponed due to the government shutdown. In opening remarks on Nov. 6, NIH director Dr. Francis Collins said that, following the shutdown, "I was enormously impressed with the determination, the enthusiasm and the commitment to get started back up again as quickly as possible...It's just what I've come to expect from this remarkable intramural program."

The Intramural Research Program includes nearly 7,000 scientists. One gratifying aspect of intramural NIH, said Ferrucci, is the option to take on long-term research projects that might not see the light of day in the extramural world. For example, he said, NIA's Baltimore Longitudinal Study of Aging is tracking the health of individuals over a 50-year period, a unique opportunity that likely wouldn't qualify for extramural funding.

"The intramural environment is a special place," said Ferrucci. "These scientists could probably make more money elsewhere but they come and stay with NIH for the love of science."



NICHD scientific director Dr. Constantine Stratakis (l) explains his work to a poster session visitor.

Clinical Center Celebrates 60 Years

The Clinical Center was authorized in 1944. President Harry Truman laid the cornerstone in 1951 and the building officially opened on July 6, 1953.

The CC's first director was Jack Masur, after whom the CC auditorium is named. His first of two tours of duty started in 1948, before the building even opened.

The first patient was Charles Meredith, a Maryland farmer with prostate cancer. That first day, the CC admitted 18 patients who were suffering from one of three ailments: cancer, heart disease or arthritis.

The CC cost \$64 million to build, which is about \$850 million in today's dollars. The addition of the Mark O. Hatfield Clinical Research Center, which opened in 2004, cost \$650 million to build.

Many revolutionary biomedical accomplishments have occurred inside the CC. Some highlights include:

Molecular Advances

Importance of blood lipids in cardiovascular care; enzyme replacement for Gaucher's disease; discovery of interleukin 1;

description of autoimmune diseases; first treatments of AIDS; lithium for bipolar disorders; PET scans for neuropathology; immune cell manipulation for cancer therapy.

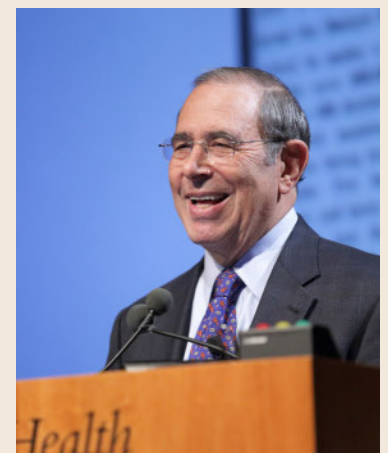
Genomics

Discovering genetics of rare diseases; first gene therapy; gene sequencing of microorganisms for infection control.

Technical

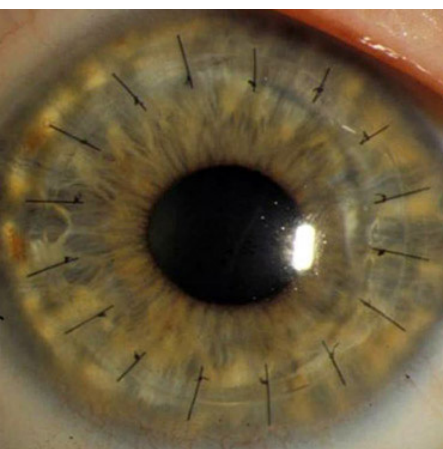
Continuous flow blood separator, fecalator (to isolate parasites), fusion of ultrasound with MRI to diagnose and manage prostate cancer.

In 2011, the Clinical Center won the Lasker-Bloomberg Public Service Award in recognition of its clinical research and high-quality patient care.



CC director Gallin recounts six decades of medical advances.

NIH-Funded Study Finds Donor Age Not a Factor in Most Corneal Transplants



In a traditional corneal transplant, the central part of the cornea is removed and a donor cornea is sutured in its place.

PHOTO: DR. EDWARD HOLLAND/
UNIVERSITY OF CINCINNATI

Ten years after a transplant, a cornea from a 71-year-old donor is likely to remain as healthy as a cornea from a donor half that age, according to a study funded by NIH. Corneas from donors over age 71 perform slightly less well, but still remain healthy for the majority of transplant recipients after 10 years, the study found.

The Cornea Donor Study, funded by the National Eye Institute, found that 10-year success rates remained steady at 75 percent for corneal transplants from donors 34-71 years old. In the United States, three-fourths of cornea donors are within this age range and one-third of donors are at the upper end of the range, from 61-70 years old. When the study began in 2000, many surgeons would not accept corneas from donors over 65.

The study found that success rates were slightly higher for donors under 34, and somewhat lower for donors over 71. The results were published online in *Ophthalmology*, the journal of the American Academy of Ophthalmology, on Nov. 15.

Growth More Stunted in Lower-Income Youth With Kidney Disease

Even with more prescriptions for growth hormone, children and adolescents with chronic kidney disease were less likely to grow to normal height ranges if they came from lower-income families, according to research funded by NIH. Results from the Chronic Kidney Disease in Children (CKiD) Study are published in the December issue of the *American Journal of Kidney Diseases*.

Unlike findings from studies in adults, kidney disease progressed at similar rates across all income groups in CKiD. This came as a surprise to investigators, who expected faster kidney function decline with lower socioeconomic status (SES), as is found in adult CKD. Disease progression was defined by a decline in estimated glomerular filtration rate—a measure of kidney function.

CKiD, the largest study of children with CKD, is the first to study the effects of income on kid-

ney disease progression and complications in this population. The current study examined growth failure, common in children with CKD, because the disease can interfere with the normal effect of a child's own growth hormone.

"Since these lower SES children received higher proportions of prescriptions for growth hormone, it's possible that these families are not filling all their prescriptions or are filling them but not sticking to their treatment regimen as closely as higher-income families are," said Dr. Marva Moxey-Mims, a pediatric kidney specialist at the National Institute of Diabetes and Digestive and Kidney Diseases, the study's primary funder. "Although there also could be other issues like nutrition or household finances contributing to this difference, the main lesson is that we may need to learn how to help families better follow treatment plans for their children with CKD."

Survey Identifies Barriers to Effective Patient-Provider Dialogue About COPD

Lack of communication between patients and health care providers about chronic obstructive pulmonary disease (COPD) remains a major barrier to diagnosis of this disease, according to results of a web-based survey released Nov. 15 by the National Heart, Lung, and Blood Institute. More Americans, particularly smokers, are talking to their doctor or health care provider about the symptoms of COPD, which is an encouraging sign that awareness efforts are taking hold. Patients and providers, though, can still do more.

"A good conversation between patients and providers about COPD can make a real difference for disease sufferers. It's no secret that early diagnosis and treatment can improve daily living for those who have COPD—but you can't get there without an open line of dialogue in the exam room," said Dr. James Kiley, director of NHLBI's Division of Lung Diseases. "That's why patients and providers need to be aware of COPD, its risk factors and symptoms, how it affects daily life and what can be done to help get them back to doing the things they love."

COPD, which in 2010 surpassed stroke to become the third leading cause of death in the United States, is a serious lung disease that over time makes it harder to breathe. It affects an estimated 24 million Americans, but as many as half of those affected remain undiagnosed.

Kaplan Named Chief of New NIAMS Intramural Branch

Dr. Mariana Kaplan has been named chief of the newly established intramural Systemic Autoimmunity Branch, NIAMS. A rheumatologist, she will head a new research program focusing on adult rheumatic diseases.



Most recently, Kaplan was a professor of internal medicine at the University of Michigan, where she held several NIH grants. Her research has focused on mechanisms by which cardiovascular disease is accelerated in people with lupus, the role of innate immunity in the development of lupus-related organ damage and strategies to curtail tissue damage in people with the disease.

"We are thrilled that Dr. Kaplan is joining us," said NIAMS scientific director Dr. John O'Shea. "She is clearly a recognized expert in rheumatology and we are excited about the prospect of expanding lupus research in the intramural program and NIH Clinical Center."

Kaplan has published more than 85 peer-reviewed papers in rheumatology and immunology and has served on a number of editorial boards. She is a fellow in the American College of Rheumatology and was awarded ACR's Henry Kunkel Young Investigator Award in 2010. She is also a member of the American Society for Clinical Investigation.

Kaplan graduated *summa cum laude* from the National Autonomous University of Mexico School of Medicine in 1992. Following completion of her residency in internal medicine, she accepted a rheumatology fellowship at the University of Michigan, where she was promoted to associate professor in 2008 and to professor in 2013.

The Systemic Autoimmunity Branch will combine natural history or treatment studies with basic investigations into the etiology and/or pathophysiology of rheumatic diseases, with an emphasis on systemic lupus erythematosus and other systemic autoimmune diseases affecting adults.

Greenberg Named NIGMS Acting Deputy Director

NIGMS director Dr. Jon Lorsch has named Dr. Judith H. Greenberg as the institute's acting deputy director. She will serve in this capacity while a national search for a permanent deputy director—the first since the position became vacant in 1999—is under way.

"Dr. Greenberg's long record of exceptional contributions includes two stints as acting director of NIGMS, leadership of the NIH Director's Pioneer and New Investigator Award programs and advice to NIH on human embryonic stem cells, gene therapy and other important topics," Lorsch said.

A developmental biologist, Greenberg has directed the institute's Division of Genetics and Developmental Biology since 1988, and will continue to do so while serving in her new role.

Among her many honors are a PHS Special Recognition Award in 1991, a Presidential Meritorious Executive Rank Award in 1999, NIH Director's Awards in 2006 and 2008, and the inaugural NIGMS Distinguished Service Award earlier this year.



'USPHS Cares' Team Makes Strides for AIDS Walk

The USPHS Cares AIDS Walk Team participated in AIDS Walk Washington once again this year. The team has existed for 5 years, with about 35-40 officers participating in the walk/run every year. Lcdr. April Poole, a Commissioned Corps officer who works at NIAID, decided to support the AIDS Walk in part because the Public Health Service mission reflects the Whitman-Walker Clinic mission. In 2008, she started work on an outpatient clinic that takes care of HIV/AIDS patients at the Clinical Center. After reading about a fellow officer who organized a breast cancer walk team, Poole thought to start a team of her own through the District of Columbia chapter of the Commissioned Officers Association (DC COA). She had no idea what that entailed. She had to develop a committee, budget and a list of goals aligned with the DC COA mission and sign a charter. Later that year, Poole was able to recruit enough members to form a 9-officer committee. Goals include increasing USPHS visibility, promoting physical fitness, providing an opportunity to network between agencies and increasing officer unity. The team has participated in the walk ever since.

100 milestones



NCI's Dr. Patricia Hartge is now scientist emerita after a 36-year career in the institute.

Hartge, 'The People's Epidemiologist,' Retires from NCI

After 36 years at the National Cancer Institute, Dr. Patricia Hartge, deputy director of the Epidemiology and Biostatistics Program within the Division of Cancer Epidemiology and Genetics (DCEG), retired recently. She is known internationally for her methodological contributions to epidemiology, from the first application of random-digit dialing in the 1970s to conducting genome-wide association studies (GWAS) today. During her tenure at NIH, she carried out path-breaking research on ovarian cancer, non-Hodgkin lymphoma, melanoma and other malignancies.

"As a key member of the division leadership, Trisha's influence over the course and direction of our research agenda and training program yielded innumerable benefits to the health of the American public and the world," said DCEG director Dr. Stephen Chanock. "She is truly 'the people's epidemiologist.'"

Hartge was instrumental in the scientific management of DCEG research programs, serving as deputy director of the Epidemiology and Biostatistics Program since 1996. She is perhaps best known as the architect of international, interdisciplinary, multi-institutional consortia in cancer epidemiology, including InterLymph and the NCI Cohort Consortium.

"Trisha is not only a gifted epidemiologist and mentor but she is also a visionary leader," said Dr. Joseph F. Fraumeni, Jr., founding director of DCEG. "She is a most talented ambassador to the extramural community. It was her passion and commitment that set the foundation for the NCI Cohort Consortium."

In the year leading up to her retirement, Hartge took on additional responsibilities, including chairing the DCEG promotion and tenure review panel. She took great pride in shepherding investigators through the NIH tenure review process.

"Junior investigators owe her a great debt, as well, because her work behind the scenes always included concern for and advocacy on their behalf, even when that meant giving away an idea or an opportunity to lead an important publication," said Dr. Robert Croyle, director of NCI's Division of Cancer Control and Population Sciences.

Hartge is the recipient of many honors includ-

ing an NIH Merit Award for research on ovarian cancer, the Harvard School of Public Health Alumni Award of Merit and the Department of Health and Human Services Career Achievement Award, as well as the NIH Director's Award for Mentoring.

In her new role as scientist emerita, Hartge will continue mentoring junior scientists and offering expertise in the arena of study design for GWAS and other projects where pooled data are imperative.—Jennifer Loukissas

CSR's Krishnan Retires with 33 Years Of Service

By Paula Whitacre

Dr. Krish Krishnan retired recently as a scientific review officer (SRO) in the Center for Scientific Review, where he coordinated study sections and special emphasis panels related to metabolic diseases.

"He had a huge impact on diabetes research... through leadership of his study sections at a time when diabetes was exploding as a public health problem," said Dr. Judith Fradkin, director of NIDDK's Division of Diabetes, Endocrinology and Metabolic Diseases.

Krishnan's focus on diabetes as an SRO and in his own research stemmed in part from family history with the disease.

After earning a B.S. in chemistry from the University of Madras in southern India, Krishnan graduated first in his class with an M.S. from the University of Baroda, then received a Ph.D. from the Indian Institute of Science, both in biochemistry. He was the only one in his family of three brothers (the other two are engineers) who aimed for study in the United States.

In 1972, he was accepted into the John Fogarty International Fellowship Program at NIH and worked in labs at NHLBI and NINDS. At NHLBI, his research focused on the role of second messengers in pathophysiological processes in tissue and cellular systems. He stayed on as a senior staff fellow at NINDS from 1978 to 1984, when his research shifted to understanding underlying mechanisms of ion channels.

A 6-month consultancy in the National Eye Institute and 1 year with NHLBI gave him, as he described it, "a wonderful opportunity to see what extramural was like." In 1986, he joined the



then Division of Research Grants (now CSR). He administered the metabolism study section for more than 15 years, when he took over special review study sections related to endocrinology, metabolism, nutrition and reproductive sciences. The portfolio included small business grants, fellowships, applications that would have conflicts of interest if reviewed in chartered study sections and continuous submissions.

"The portfolio was always changing and I learned something new every day," he said. One of the most important aspects of peer review, he noted, is recruiting the right mix of reviewers. Fradkin agreed. "Because of his long-term associations, he was very successful in getting top, established investigators to serve as reviewers," she said.

"Krish was known for encouraging an atmosphere of camaraderie and collegiality on study sections he ran," said Dr. Robert Garofalo, chief of the endocrinology, metabolism, nutrition and reproductive sciences integrated review group in CSR. "He was seen as putting fairness of the discussion and the review above all else." Krishnan was also known for his outreach to study section members and program staff after meetings for feedback to improve future efforts.

Krishnan served on a number of NIH committees, including the peer review best practices, seminar and employee advisory committees in CSR. For 4 years, he was on the diabetes mellitus interagency coordinating committee organized by NIDDK.

His immediate retirement plans include travel and possible limited activity in peer review administration or in coordinating diabetes/metabolism research in other ways.

Institute's Longest-Serving Staff Member **NIGMS Budget Officer Vess Retires**

By Jilliene Drayton

When Nancy Vess joined NIGMS, the institute had recently commemorated its 10th anniversary, its home was off campus and its budget was \$187 million. During her 38 years of federal service—all spent at NIGMS, and the last 10 of them as its budget officer—Vess saw the institute relocate to Natcher Bldg. on campus, mark its 50th anniversary and increase its budget to \$2.4 billion.



On Nov. 2, she experienced another milestone: retirement.

As NIGMS's longest-serving employee, Vess can remember when the institute used calculators and typewriters rather than computers. "I also witnessed a lot of programmatic changes, including the transfer of a number of programs to NHGRI and NIBIB and, more recently, the transfer of NCRR programs to NIGMS," she said.

Shortly after earning an associate's degree in business administration from Montgomery College, Vess joined NIGMS as a grants clerk in what was formerly known as the Clinical and Physiological Sciences Program. Having a love for math and data analysis, she later advanced to grants financial analyst. In 1981, she joined the institute's budget office, where she served as a budget analyst until she was promoted to deputy chief in 1984. The following year, she earned a B.S. degree in business administration and accounting from American University. Vess was appointed budget officer in 2003.

In addition to budget formulation, presentation and execution responsibilities, Vess served on numerous NIH committees, including the IC budget officers' group and the NIH OD central services advisory committee. She also received numerous awards and honors, including three NIH Awards of Merit as well as two NIH Director's Awards for her contributions to the implementation of NIH Roadmap for Medical Research programs.

"Nancy is well-regarded both within NIGMS and in the broader NIH budget community for her seasoned financial management advice and expertise," said NIGMS Executive Officer Sally Lee. "She offered practical recommendations regarding fiscal matters based on an expert knowledge of our programs and grant funding mechanisms and her contributions to NIH and NIGMS have been invaluable. Needless to say, she will be missed!"

In retirement, Vess plans to make time for hobbies and interests that she once struggled to squeeze into her busy schedule. Her list of future activities includes reading, crocheting and tackling house projects. Vess also plans to spend more time with family, visit her son in Los Angeles and enjoy life as a grandmother when her other son has his first child in the spring.

Compton Named Deputy Director of NIDA

The National Institute on Drug Abuse has named Dr. Wilson Compton, a nationally known expert on the causes and prevention of drug abuse, as deputy director of the institute.

Since 2002, he has served as director of NIDA's Division of Epidemiology, Services and Prevention Research, managing a program of national and international scope addressing the extent and causes of drug abuse and the development of effective prevention strategies.

Compton has been a member of the DSM-5 task force and the substance use disorders workgroup for the past 5 years. In addition, he has been leading an effort jointly sponsored by NIDA and FDA's Center for Tobacco Products to field a large-scale longitudinal population study of more than 50,000 persons to assess the impact of new tobacco regulations.

In October 2013, Compton was one of 10 people to receive the HHS Secretary's Award for Meritorious Service. He was recognized for outstanding cross-agency collaborations linking NIDA with multiple HHS and outside agencies to reduce tobacco and prescription drug abuse and to improve substance abuse prevention and treatment systems.





Addressing program graduates at the ceremony were Norman Augustine (l) chair, NIH scientific management review board and retired chair and CEO of Lockheed Martin Corp. and Dr. Griffin Rodgers, NIDDK director.

Above:

ExLP grads this year include (from l) Phil Wang (NIMH), Cathy Spong (NICHD), Doug Sheeley (NIGMS), Ellen Rolfes (NHGRI), Dorit Zuk (OD), David Michael (OD), George Coy (NIDCR), Cathie Cooper (CSR), Janet Shorback (OD), Yang Fann (NINDS), Betsy Wilder (OD), Phil Smith (NIDDK), Valerie Gill (OD), Kate O'Sullivan (NHLBI), Luigi Ferrucci (NIA), Chris Long (NIEHS), Susan Weiss (NIDA). Not shown are Dennis Dixon (NIAID), Isabel Garcia (NIDCR), Gary Gibbons (NHLBI).

2013 ExLP Cohort Graduates

NIH leaders spanning 14 institutes participating in the Executive Leadership Program (ExLP) recently graduated from the 7-month program.

Highlights of the ceremony included messages about the importance of leadership and characteristics of great leaders from Lockheed Martin Corp. retired CEO Norman Augustine, who chairs NIH's scientific management review board, and Dr. Griffin Rodgers, director of NIDDK.

Rodgers shared his personal leadership journey with his "top 7 leadership lessons." He closed his presentation with a quote from Dr. Martin Luther King, Jr.: "Life's most urgent question is, what are you doing for others?"

Rodgers related this quote to NIH's mission and to the ExLP.

"Because of your work with NIH, each and every one of you can answer this question proudly in the affirmative," said Rodgers. "And because of your leadership training through ExLP, you'll be able to answer it even more emphatically in the future. I can say unequivocally that through your leadership at NIH, and by following your passions, it will lead you to the greatest reward one can have—to make a positive, profound difference in people's lives. And one day may that be said about every single one of us."

Information about the 2014 ExLP is available at <http://trainingcenter.nih.gov/ExLP/index.html>.



New to the NICHD council are (seated, from l) Dr. Piero Rinaldo, Dr. Walter R. Frontera, Wendy Lazarus, Dr. Ruth Lehmann and ex officio representative Dr. Patricia Dorn. Standing are NICHD staffers (from l) Dr. Constantine Stratakis, director, Division of Intramural Research; Dr. Catherine Spong, director, Division of Extramural Research; Dr. Alan Guttmacher, director; and Dr. Yvonne Maddox, deputy director.

Five Join NICHD Advisory Council

The National Advisory Child Health and Human Development Council recently welcomed five new members.

Dr. Piero Rinaldo is T. Denny Sanford professor of pediatrics and professor of laboratory medicine, department of laboratory medicine and pathology, Mayo Clinic College of Medicine.

Dr. Walter R. Frontera is professor and chair, department of physical medicine and rehabilitation, Vanderbilt Medical Center.

Wendy Lazarus is founder and co-president of the Children's Partnership.

Dr. Ruth Lehmann is Laura and Isaac Perlmutter professor of cell biology and director, developmental genetics program, Skirball Institute and Howard Hughes Medical Institute, New York University School of Medicine.

Ex officio representative Dr. Patricia Dorn is director of rehabilitation research and development, Department of Veterans Affairs.



Dr. Robert L. Martensen

History Office's Martensen Mourned

Dr. Robert L. Martensen, 66, who directed the Office of NIH History from 2007 until his retirement in 2012, died Sept. 26 in Pasadena, Calif.

Martensen came to NIH with a unique background: he had been a physician in emergency rooms and intensive care units and a professor at Harvard Medical School and Tulane University. As a professor, he taught both bioethics and medical history. After Hurricane Katrina devastated Tulane, he left Louisiana for NIH.

Martensen was the second director of ONH. He greatly expanded the Stetten fellow research program, which brings in post-docs in medical history to work on topics in specific institutes. While at ONH, Stetten fellows work with scientific contacts in the institutes and publish articles and books and present lectures based on their research into NIH's history. Martensen was particularly concerned with mentoring the next generation of medical historians and worked closely with the fellows to develop their research topics, skills and output. He also built up the office by adding an archivist and exhibit designer to the staff.

With wide-ranging research interests, Martensen published on several seemingly disparate topics. For example, he received a Guggenheim fellowship to complete his book *The Brain Takes Shape: An Early History* (2004). He also wrote on 19th century theories of health and the environment in *Restorative Commons: Creating Health and Well-Being Through Urban Landscapes* (2009). But he is most widely known for his book *A Life Worth Living: A Doctor's Reflections on Illness in a High-Tech Era* (2008). He used patient cases, many in which he was a participating physician, to examine end-of-life care issues in the United States from the points of view of hospital administrators, patients and physicians. The book garnered great interest from both physician groups and patients and the media because of its frank depictions and

discussions of the emotionally fraught decisions that must be made at the end of someone's life.

"Robert's varied qualities—empathy, intelligence, calmness and ability to communicate—all of which made him a quality physician and historian, also made him a genuinely interested and interesting leader. He was easy to talk to about work and about personal issues," said ONH's Michele Lyons. "In that he was rare." He also collected art and loved the opera, bicycling, traveling and his three sons—Bayard, Charles and Robert (known as Max), who survive him.

CSR's Chen Dies Unexpectedly

Dr. Priscilla B. Chen, long-time scientist at the Center for Scientific Review, died unexpectedly on Oct. 11 at age 69. She was a scientific review officer who coordinated review of NIH grant applications assigned to the skeletal biology development and disease study section.

"Priscilla was an amazing and exceptionally professional individual," said Dr. Rajiv Kumar, chief of CSR's musculoskeletal, oral and skin sciences integrated review group. "She undertook her job with passion, dedication and fairness and she personified the highest level of integrity."



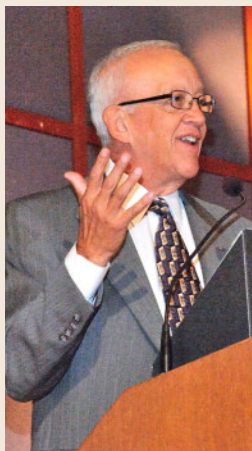
Tributes poured into CSR after news of her passing reached the scientific community. "Dr. Chen was the best of the best at NIH: fair, honest and above reproach," said Dr. Clifford Rosen, past president of the American Society of Bone & Mineral Research. One of her reviewers summed up the sentiments of many: "Priscilla had served NIH and the scientific community with her unique style that will be hard to replace," said Dr. Subburaman Mohan of the VA Medical Center in Loma Linda, Calif. "Her fairness, kindness and tireless work ethic will be missed by all."

Another of Chen's reviewers brought news of additional tributes. "I was at the annual meeting of the Society of Craniofacial Genetics and Developmental Biology where we honored Priscilla by naming the keynote speech given by Bjorn Olsen in her name and awarding the top post-doc poster prize named the Priscilla Chen Excellence in Science Award," said Joan Richtsmeier of Pennsylvania State University. "Many wonderful things were said about Priscilla."

Chen was born in Baltimore, but spent time in Ethiopia, receiving her B.Sc. in 1964 from Haile Selassie I University. She earned her Ph.D. in parasitology from the University of Pennsylvania in 1972, and then returned to Maryland as a postdoctoral fellow at the Naval Medical Research Institute in Bethesda from 1972-1974. She next joined the School of Dental Medicine at then SUNY at Buffalo (now the University at Buffalo). For many years she conducted NIH-supported research on the immune response to oral microflora and played an active role in the oral biology Ph.D. training program.

In March 1991, Chen joined the Division of Research Grants (now CSR) to manage the oral biology and medicine 1 & 2 study sections before the CSR reorganization of study sections in 2004. At that time, and until her death, she was scientific review officer for the skeletal biology development and disease study section.

Chen had a great love of horses and devoted much attention to her 12 Arabian horses on her farm in Warrenton, Va. She won many showing competitions over the years and entered many endurance events. She also ventured off on trail rides and camping trips with friends. She is survived by her nephew and his family, her horses and her cat. 🐾



NIH's 2013 Veterans Day celebration highlights included (from l) Army Lt. Gen. (ret.) Ronald Blanck giving the keynote talk, servicemembers setting the "Table of Remembrance," and the Air Force Brass Quintet entertaining the audience.

PHOTOS: MICHAEL SPENCER

Veterans Day Celebrated at NIH

By Jan Ehrman

"Service is what separates the veteran from someone else. Loyalty, dedication, respect, honor, integrity and personal courage exemplify the veteran and thus, we should help the vet integrate back into society and the workforce." Such was the theme set by Army Lt. Gen. (ret.) Ronald Blanck, war veteran and medical officer who was the keynote speaker at NIH's Veterans Day Celebration Nov. 6 in Kirschstein Auditorium.

NIH's second annual salute honored both past and current members of the five armed branches, as well as the PHS Commissioned Corps. The program was sponsored by the veterans recruitment retention force (VRF), with assistance from the NIH Office of Human Resources and the NIH R&W Association.

Early arrivers were greeted by music provided by the Air Force Brass Quintet, which performed the National Anthem. The Joint Forces Color Guard's "Posting of the Colors" showcased each military service's flag.

NIAID's Michael Nealy, master of ceremonies and chair of the VRF, gave introductory remarks, followed by personal recollections of service life from Dan Wheeland, director of the Office of Research Facilities. He focused on dispelling the myth of the "inflexible veteran...If I had not been in the service, I would probably think that vets are inflexible also. But they are not. They will succeed in (non-military) jobs if given the chance."

Wheeland also made sure that spouses of vets were recognized, as being the partner of a military man or woman is not the easiest of jobs. Parents and children of the vet also make sacrifices and should similarly be recognized, he noted.

Blanck, who served 32 years as an Army medical officer and battalion surgeon (in Vietnam in 1968) and is a partner and chairman of the board of Martin, Blanck & Associates and chairman of the board of regents of the Uniformed Services University of the Health Sciences, said that while the overall treatment of veterans today is far better than it was following the Vietnam War, "We still have suspicions of them and thus, these men and women are not being fully integrated back into society." He assured the audience that vets bring high ethics and discipline to the work environment, that they are an asset to any organization that hires them and that they should be given every opportunity to succeed.

The issue of employing veterans surfaced several times during the event. The good news from NIH is that we don't just "talk the talk," we "walk the walk." According to Dr. Lawrence Tabak, NIH principal deputy director, NIH has made serious commitments to hiring veterans. He said more than 140 former servicemen and women were added to the NIH payroll in 2013 and that more than 1,000 veterans currently serve at NIH "as allies against disease."

The "Table of Remembrance" was a somber feature of the program. It commemorates fallen comrades, those taken prisoner and soldiers missing in action. An inverted glass represents "a toast they cannot share with us today." An empty chair at the table signifies their absence.

Formerly known as Armistice Day, Veterans Day is marked nationwide. On Nov. 11, 1919, President Woodrow Wilson first proclaimed the day an official holiday and in 1938, a congressional act made Nov. 11 a holiday "to be dedicated to the cause of world peace." 🇺🇸

NIH's Play Jazz at Zoo Dec. 30, Jan. 1

Ninjazz, a jazz band made up mostly of NIH employees, will perform for free on Dec. 30 and Jan. 1 as part of the National Zoo's ZooLights celebration. Performance times for both dates will be 6 to 6:30 p.m. and 7 to 8:30 p.m.

The group has been playing together for almost 3 years, as a result of a jazz lab started in 2011. The band is led by Charles Tolbert of ORS, alias "Bliss, the Violinist." Also in the group are Joseph Frascella (NIDA) guitar; Chuck Holden, vocalist; Steve Mapp (retired), guitar; Jules Asher (NIMH), harmonica; David Segal (NCI), accordion; Marco Dizon, keyboards; Tim Johnson (OD), percussion; Joseph Young (student), drums; and Christopher Parlette (student), bass.

The National Zoo is located at 3001 Connecticut Ave. NW, Washington, D.C. 20008 and is accessible via the Red Line on Metro.